## Request For ACT-Approved Test Accommodations The ACT for Tennessee Statewide Test - Spring 2009 Receipt Deadline: February 2, 2009

TN

This form is to be completed by a school official, such as counselor, special education teacher, or principal, following the instructions on page 2 of the Procedures for Requesting ACT Test Accommodations for Tennessee State Testing.

Student Name (Last, First, Middle Initial)	Date of Birth (Mo/Da	Date of Birth (Mo/Day/Yr)		Social Security Number (optiona		
Student Street Address or PO Box	City		State	Zip		
Name of High School the Student Attends and	Where the Student Will Test	ACT High Scl	hool Code (requ	 ired)		
Name of Home High School (only if different fro	m the school the student attends)	ACT High So	chool Code (red	uired)		
B. DIAGNOSED DISABILITY. Check all that Learning Disability (01)		vchological Dis	ahility (03) NO	FE: FULL DOCUMENTATION REQUIRED		
(RD) Reading Disorder	13		ion Deficit Diso			
(LD) Other Learning Disability (full docum	pentation required, explain on side 2. G)	☐ ` ´		lain on side 2, G)		
(DA) Mathematics Disorder	remanon required, explain on side 2, G)	(PD) Other	Psychological/0	Cognitive Disability, including ain on side 2, G)		
Physical/Sensory Disability (02)	Oti	ner Disability (0	7)			
(DF) Hearing Impairment			(explain on sid	e 2, G)		
(PH) Motor Impairment (explain on sid	le 2, G)	(HB) Confin	(HB) Confined to home (explain on side 2, G)			
(VI) Visual Impairment (explain on side	e 2, G)		, , , , , , , , , , , , , , , , , , , ,			
(TR) Tourette's Syndrome						
(EP) Epilepsy or Seizures						
C. TEST FORMAT REQUESTED. Check only	v one. Alternate formats must be su	ipported by IEP of	or 504 Plan.			
(01) Regular Type (10-point)	(07) Reader's Script* with Reg					
(02) Large Type (18-point)	(08) Reader's Script* with Larg					
(03) Braille (printed copy included)				Tables and Illustrations		
(04) Cassette with Regular Type	(19) Audio DVD with Regular	(19) Audio DVD with Regular Type *Examine				
(05) Cassette with Large Type			individually. R	using reader's script must test Readers may <b>not</b> read the tests to		
(06) Cassette with Raised Line/Braille Tables and Illustrations	ssette with Raised Line/Braille (21) Audio DVD with Raised Line/Braille					
D. TIME REQUESTED. Check only one. AC based on the disability and approved tes		standard time, ti	ime-and-a-half	, double time, triple time)		
Standard Time (only for Regular or Large	e Type): Extended	<u> Time:</u>				
One session with standard breaks bet	One session with standard breaks between tests  All tests on one da					
				ation to test over multiple days		
Authorization to test over multiple days		<u></u>		=		
	_					
E. OTHER ACCOMMODATIONS REQUESTE formats (for example, authorization to mark				extended time or alternate		
□ <b></b>						
Other (be specific):						

SUBMITTING THIS REQUEST: Incomplete or unsigned forms will delay processing, which may result in the student having to test without accommodations. The request must be submitted with a Test Accommodations Coordinator Header signed by your school's designated Test Accommodations Coordinator. Requests from your school should be sent as a group to: ACT State Test Accommodations - TN, 301 ACT Drive, PO Box 4071, lowa City, IA 52243-4071. All requests must be received at ACT by February 2, 2009. Early applications are encouraged. If ACT has questions about the information submitted, the Test Accommodations Coordinator will be contacted.

E. PREVIOUS APPROVAL OF THE SAME ACCOMMODATIONS ON THE ACT. Check either "yes" or "no" to indicate whether this stude been approved previously for the same accommodations on the ACT.    Yes	Stu	udent's Name (please print)		Social Security N	umber (optional)	
SPECIFIC DISABILITY OR CONDITION. This is required and must be more specific than "learning disabled," 'other health in 'perceptual communications disorder," 'auditory processing deficits," etc. (For learning disabilities, check the psychoeducational reputer documentation on file at the school for a DSM-IV diagnosis and provide that if it is stated. If a DSM-IV diagnosis is not provide documentation now on file, state the specific characteristics of the student's impairment. If the diagnosis is not clearly stated, processi request will take longer and may require further information from the school before a decision can be made.)  4. HISTORY OF DIAGNOSIS. If first diagnosed before grade 9, complete only "age or grade of student" in section a. plus all information section b. If first diagnosed after grade 8, all information requested in sections a. and b. must be completed.  When and by whom student was: a. FIRST diagnosed.  Date (month/year):  Age or grade of student as: a. FIRST diagnosed.  Date (month/year):  Age or grade of student:  Person making diagnosis:  Anamcham  Job Bile(s)  Qualifications (degrees.  Qualifications (degrees.  Specialization, certification)  Note: COMPLETE DOCUMENTATION REQUIRED if FIRST diagnosed within last 3 years OR for visual, hearing, psychological, emotional, or physicial disorders. (See "Guidelines for Documentation.")  CURRENT IEP or 504 PLAN ON FILE AT SCHOOL. The IEP or 504 Plan must state the need for extended time, alternate format any other accommodations requested on Side 1 due to the disability listed above. If plan has been in place less than 3 years, of diagnostic documentation is required.  Mark Hack accommodations requested on your device of the disability listed above. If plan has been in place less than 3 years, of diagnostic documentation is required.  Mark ALL school oyears for which the student has had an IEP or 504 Plan and any other required documentation is accurate, to the bindomation provided on this form and in the attached IEP or 504 Plan and any other r	₹.			ACT. Check either "y	es" or "no" to indicate whether this	student has
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2008-2009   2007-2008   2006-2007   2005-2006   Before grade 8     2008-2009   (grade 10)   (grade 9)   (grade 8)     3. SCHOOL OFFICIAL'S SIGNATURE. I affirm the student named on this form is enrolled at and/or attends this school, and I will information provided on this form and in the attached IEP or 504 Plan and any other required documentation is accurate, to the beknowledge, and reflects the testing accommodations now provided in school.    School Official's Signature (may not be a relative of the student)   Print Official's Name and Title    School Official's E-mail Address   Print Official's Name and Title		504 Plan; attach a complete copy of the curl	rent 504 Plan.			
(grade 11) (grade 10) (grade 9) (grade 8)  J. SCHOOL OFFICIAL'S SIGNATURE. I affirm the student named on this form is enrolled at and/or attends this school, and I vinformation provided on this form and in the attached IEP or 504 Plan and any other required documentation is accurate, to the beknowledge, and reflects the testing accommodations now provided in school.  School Official's Signature (may not be a relative of the student)  Print Official's Name and Title  School Official's E-mail Address  K. STUDENT/PARENT SIGNATURE. I verify the information provided on this form is accurate to the best of my knowledge. I authorized to the thin that any documentation provided to ACT will remain with the application and will not become part of the student's permaner record. If this request cannot be approved based on the information submitted, I understand the student may be required to test will requested accommodations.  Student's signature (required if 18 or older)  Parent/legal guardian signature (required if student is under 18). NOTE: School official may sign for parent/legal	2.	Mark ALL school years for which the student has	s had an IEP or 504 Plan,	including year(s) before	ore high school.	
information provided on this form and in the attached IEP or 504 Plan and any other required documentation is accurate, to the be knowledge, and reflects the testing accommodations now provided in school.  School Official's Signature (may not be a relative of the student)  Print Official's Name and Title  School Official's E-mail Address  C. STUDENT/PARENT SIGNATURE. I verify the information provided on this form is accurate to the best of my knowledge. I auth release to ACT of information related to this request by school officials, physicians, or others having such information, if required understand that any documentation provided to ACT will remain with the application and will not become part of the student's permaner record. If this request cannot be approved based on the information submitted, I understand the student may be required to test wire requested accommodations.  Parent/legal guardian signature (required if student is under 18). NOTE: School official may sign for parent/legal					Before grade 8	
C. STUDENT/PARENT SIGNATURE. I verify the information provided on this form is accurate to the best of my knowledge. I authorelease to ACT of information related to this request by school officials, physicians, or others having such information, if requested and that any documentation provided to ACT will remain with the application and will not become part of the student's permaner record. If this request cannot be approved based on the information submitted, I understand the student may be required to test wire requested accommodations.  Student's signature (required if 18 or older)  Parent/legal guardian signature (required if student is under 18). NOTE: School official may sign for parent/legal		information provided on this form and in the <b>atta</b> knowledge, and reflects the testing accommodat	ached IEP or 504 Plan ar	nd any other required pol.	d documentation is accurate, to a	
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under 18). NOTE: School official may sign for parent/legal	₹.	release to ACT of information related to this understand that any documentation provided to record. If this request cannot be approved base	request by school official ACT will remain with the a	als, physicians, or ot application and will no	hers having such information, if it become part of the student's per	requested. rmanent score
allardian anily it varnal advinationad ment had been obtained by phone	Stu	udent's signature ( <b>required</b> if 18 or older)	under 18). NOTE: School	ol official may sign for	parent/legal	